PTO/SB/21 (09-04)

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| E 40 TRANSMIT  | TT A I                      | Application Nu                      | mber           | 10/538,16  | 1   |  |  |
|--|-----------------------------|-------------------------------------|----------------|--|---|--|--|
| TRANSMIT   | Filing Date                 |                                     | June 8, 2005   |  |   |  |  |
| FORM   | First Named Inventor        |                                     | Danny A. Grant |  |   |  |  |
|  | Art Unit                    |                                     | unassigned     |  |   |  |  |
| 8 TH OF the used for all corresponden  | Examiner Name               |                                     | unassigned     |  |   |  |  |
| Total Number of Pages in This S  | Attorney Docke              | et Number                           | IMMR-0152D     |  |   |  |  |
|  | FNCI (                      | OSURES (check al                    | l that apply)  |  |   |  |  |
| Fee Transmittal Form   | ☐ Drawing(                  |                                     |                | After Alle   | owance Communication to TC  |  |  |
| Fee Attached   |                             | related Papers                      |                | Appeal Communication to Board  |   |  |  |
|  |                             | ·                                   |                | of Appe  | als and Interferences   |  |  |
| After Final  |                             | o Convert to a nation               |                | Proprietary Information  |   |  |  |
| Affidavits/declaration(s)  |                             | Attorney, Revocation Correspondence |                | Status L   | etter   |  |  |
| Extension of Time Request  | ☐ Terminal                  | Disclaimer                          |                | Other Enclosure(s) (please identify below):  |   |  |  |
| Express Abandonment Req  | Express Abandonment Request |                                     |                | Power of Att   | Payment Form; Declaration & torney; Declaration of Lack of the next executed by Erik J. |  |  |
| ☐ Information Disclosure State   | ement                       | dscape Table on CD                  |                | Shahoian and Dean C. Chang; Consent of Assignee; Statement Under 37 CFR 3.73(b); Copy of Assignment; Petition to Correct Inventorship; Amendment to Correct Inventorship |   |  |  |
| Certified Copy of Priority Document(s)   | Remarks                     |                                     |                | Conectinive  | muoisiiip   |  |  |
| Reply to Missing Parts/ Incomplete Application   |                             |                                     |                |  |   |  |  |
| Reply to Missing Parts under 37 CFR1.52 or 1   | .53                         |                                     |                |  |   |  |  |
|  | SIGNATURE OF                | APPLICANT, AT                       | TORNEY, O      | R AGENT  |   |  |  |
| Firm Thelen Reid & Priest LLP  |                             |                                     |                |  |   |  |  |
| Signature  | ~                           |                                     |                |  |   |  |  |
| Printed Name David B. Rito   |                             | ie                                  |                |  |   |  |  |
| Date   | - 2004 Reg. No. 31,562      |                                     |                |  |   |  |  |
|  | CERTIFICA                   | TE OF TRANSM                        | IISSION/MAI    | LING   |   |  |  |
| I hereby certify that this corres<br>Service with sufficient postage<br>Alexandria, VA 22313-1450 on | e as first class mail       | in an envelope ad                   |                |  | with the United States Postal<br>for Patents, P.O. Box 1450,                            |  |  |
| Signature  | Mm B                        | -                                   |                |  |   |  |  |
| Typed or printed name M  | onica Pizario               |                                     | <u> </u>       | Date   | 6/14/06   |  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| Effective on 12/08/2004. Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |  |   |   | Complete If Known   |   |   |   |  |  |
|--|--|---|---|---|---|---|---|--|--|
| 8/   |  |   |   | ation Number  | 10/538,161                                  |   |   |  |  |
| 19 200 FEE TRANSMITTAL   |  |   | Filing  | Date  | June 8, 2005                                |   |   |  |  |
| ∫ for FY 2005  |  |   | First I   | First Named Inventor Danny A. Grant   |   |   |   |  |  |
| Cant claims small entity status. See 37 CFR 1.27   |  |   |   | Tirst Named inventor  |   | unassigned                                  |   |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 260.00  |  | Art Ur  |   | unassigned  | **************************************      |   |   |  |  |
|  |  | (\$) 260.00   |   | ey Docket No.   | IMMR-0152D                                  |   |   |  |  |
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| METHOD OF PAYMEN   | •  |   |   |   |   |   |   |  |  |
| ☐ Check ☐ Credit Ca  | ard 🔲 Mone   | ey Order   None   | Other   | (please identify  | y):   |   |   |  |  |
| Deposit Account Der  | posit Account  | Number: 50-1698   |   | Deposit Acco  | ount Name: The                              | en Reid & Priest                            | LLP                                     |  |  |
| For the above-id   | lentified depos  | it account, the Direct  | or is hereby  | authorized to:  | (check all that a                           | oply)                                       |   |  |  |
| Charge fe  | ee(s) indicated  | below   |   | Chai  | rge fee(s) indicat                          | ed below, excep                             | t for the filing fee                    |  |  |
|  |  | ee(s) or underpaymer  | nts of fee(s)   | ◯ Cred  | lit any overpaym                            | ents  |   |  |  |
| Under 37<br>WARNING: Information on th   | ' CFR 1.16 and<br>his form may be  |   | ard informat  | ion should not b  | e included on this                          | form. Provide cre                           | edit card                               |  |  |
| information and authorizatio   |  |   |   |   |   |   | ·                                       |  |  |
| FEE CALCULATION  |  |   |   |   |   |   |   |  |  |
| 1. BASIC FILING, SEA   |  |   |   | : ===0  | EVARAIA                                     | EVANUATION SEED                             |   |  |  |
|  | FILING FE  | mall Entity   | SEARCH  | Small Entit   |   | EXAMINATION FEES Small Entity               |   |  |  |
| <b>Application Type</b>  | Fee (\$)   | Fee(\$)   | Fee(\$)   | Fee(\$)   | Fee(\$)                                     | Fee(\$)                                     | Fees Paid (\$)                          |  |  |
| Utility  | 300  | 150   | 500   | 250   | 200   | 100   |   |  |  |
| Design   | 200  | 100   | 100   | 50  | 130   | 65  |   |  |  |
| Plant  | 200  | 100   | 300   | 150   | 160   | 80  |   |  |  |
| Reissue  | 300  | 150   | 500   | 250   | 600   | 300   |   |  |  |
| Provisional  | 200  | 100   | 0   | 0   | 0   | 0   |   |  |  |
| 2. EXCESS CLAIM FE   | EES  |   |   |   |   |   | Small Entity                            |  |  |
| Fee Description  |  |   |   |   |   | Fee (\$)                                    | Fee (\$)                                |  |  |
| Each claim over 20 (inc  |  |   |   |   |   | 50 ·  | 25                                      |  |  |
| Each independent clain   |  | uding Reissues)   |   |   |   | 200   | 100                                     |  |  |
| Multiple dependent cla   |  | -t = = = (A)  | -   | . D-1-1 (A)   |   | 360   | 180                                     |  |  |
| Total Claims   | Extra Cla  |   |   | e Paid (\$)   | •   |   | Dependent Claims                        |  |  |
| 00 110   |  | X   | =   |   |   | F00 (%)                                     | ) Fee Paid (\$                          |  |  |
| 20 or HP   |  |   |   |   |   | <u>Fee (\$)</u>                             | 100 1 414 14                            |  |  |
| HP = highest number of   | total claims paid  | for, if greater than 20.  | _   | - D-:-  (A)   |   | <u></u>                                     |   |  |  |
| HP = highest number of Indep. Claims   | total claims paid  | d for, if greater than 20.  | Fee   | e Paid (\$)   |   | <u>' εε (ψ)</u>                             |   |  |  |
| HP = highest number of Indep. Claims - 3 or HP=  | total claims paid  | d for, if greater than 20.  aims Fee(\$)  | <u>Fe</u>   | e Paid (\$)   |   | <u></u>                                     |   |  |  |
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| HP = highest number of Indep. Claims  - 3 or HP=  HP = highest number of  3. APPLICATION SIZE  | total claims paid  Extra Cla  independent cla  | d for, if greater than 20.  aims Fee(\$)  X  aims paid for, if greater the  | = <u>Fe</u> nan 3.  |   | u filed gegyeneg                            |   |   |  |  |
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.